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FACSIMILE TRANSMITTAL SHEET

TO: USPTO	PROM: Mark R. Buscher
COMPANY:	DATE: 11/21/2005
FAX NUMBER: 571 273 8300	TOTAL NO. OF PAGES INCLUDING COVER: 5+1
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: USSN 10/705,926 FD 11/13/2003 Inventors: Slanina et al	YOUR REFERENCE NUMBER:

The following are submitted herewith for filing in the above-identified application:

1. Transmittal Form (SB/21);
2. Response to Restriction Requirement (2 pages); and
3. Petition for Extension of time in duplicate.

NOV 21 2005

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/705,926
		Filing Date	11/13/2003
		First Named Inventor	Pavel Slanina et al.
		Art Unit	1623
		Examiner Name	FEDOWITZ, Matthew
Total Number of Pages in This Submission	5	Attorney Docket Number	SYN-0036

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

Response to Restriction Requirement and Petition for Ext. of Time

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark R. Buscher Reg. No. 35,006
Signature	
Date	11/21/2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Mark R. Buscher
Signature	
	Date 11/21/2005

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